Combined Declaration For Patent Application and Power of Attorney						ATTORNEY DOCKET 85720DMW					
As below named inventor My residence, post office address an I believe I am the original, first ar below) of the subject matter which	nd citizenship are nd sole inventor (is claimed and fo	e as stated below nex (if only one name is r which a patent is s	s liste ough	ed below) or an original, fit on the invention entitled:			or (if plural 1	names ar	re listed		
CORRELATING CAI	PTURED I	MAGES AN	D 7	TIMED 3D EVEN	T DAT	`A					
The specification of which (check of	only one item belo	ow):									
is attached hereto.											
was filed as United States Application Serial No. on and was amended on (if applicable).											
was filed as PCT international application Number on and was amended on (if applicable).											
I hereby state that I have reviewed	and understand the	he contents of the ab	bove-	identified specification, inc	luding the c	laims, as	amended by	any ame	endment		
referred to above. I acknowledge the duty to disclose	to the U.S. Pater	nt & Trademark Off	fice a	ll information known to me	to be mate	rial to pa	tentability as	defined	in Title		
37, Code of Federal Regulations, \$1.56. 1 hereby claim foreign priority benefits under Title 35, United States Code, \$119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's											
certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least											
one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which											
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:											
COUNTRY (# PCT, Indicate PCT)	AP	PLICATION NUMBER	DATE OF FILING (month/dayyear)				PRIORITY CLAIMED UNDER 35 USC §119 YES NO				
							YES		NO		
							YES		NO		
I hereby claim the benefit under Ti	tle 35, United Sta	ates Code, 119 §(e)	of an	y United States provisional	application	(s) listed	below:				
PRIOR PROVISIONAL APPLIC											
	PLICATION NUMBER				FILING DATE (me	onth/day/year)					
I hereby claim the benefit under To the United States of America that prior applications(s) in the manne Office all information known to between the filing date of the prior	is/are listed belov r provided by the me to be materia	wand, insofar as the e first paragraph of al to patentability as	subj Title defi	ect matter of each of the cla 35, §112, I acknowledge the ned in Title 37, Code of F	nms of this ne duty to d ederal Reg	applications	the U.S. Pa	itent &	Frademark		
PRIOR US APPLICATIONS OF 35USC§120:	R PCT INTERN	ATIONAL APPLIC	CATI	ONS DESIGNATING TH	E U.S FOR	R BENE	FIT UNDER				
U.S. APPLICATIONS						STATUS (Check one)					
U.S. APPLICATION NUME	U.S. FILING DATE			PATENT	ED	PENDING	AB	ANDONED			
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PCT APPLICATIONS DESIGNATING THE U.S.											
1				U.S. SERIAL NUMBERS	 	-+		-			
PCT APPLICATION NO. PCT FIL				ASSIGNED (if any)	ļ		· · · · · · · · · · · · · · · · · · ·	+			

С	C mbin d Declarati n F r Patent Application and P wer f Att rn y (Continued) ATTORNEY DOCKI									
POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.										
Se	nd Correspo	ondence to:				Direct Teleph	one Calls to:			
		Patent L	egal Sta	aff		(name and telepho	(name and telephone number)			
				Company		David M.	David M. Woods			
343 State Street							585-477-5256			
Rochester, NY						FAX: 585	FAX: 585-477-4646			
2	FULL NAME OF INVENTOR	FAMILY NAME Valleriano		FIRST GIVEN NAI Michael	ME	A.				
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1	BUSINESS ADDRESS	BUSINESS ADDRESS Eastman Kodak Compai	ny _		Street, Rochester	New York	STATE & ZIP CODE (COUNTRY) New York 14650-2201			
2	FULL NAME OF INVENTOR	FAMILY NAME Marshall		FIRST GIVEN NAI Christophe		SECOND GIVEN	NAME			
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2	BUSINESS	BUSINESS ADDRESS Eastman Kodak Compa	ny		Street, Rochester	New York	STATE & ZIP CODE (COUNTRY) New York 14650-2201			
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4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY		STATE & ZIP COL	STATE & ZIP CODE (COUNTRY)			
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NA	ME	SECOND GIVEN I	SECOND GIVEN NAME			
o	RESIDENCE & CITIZENSHIP	CITY		STATE OR FORE	IGN COUNTRY	COUNTRY OF CI	COUNTRY OF CITIZENSHIP			
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY			STATE & ZIP CODE (COUNTRY)			
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NA	ME	SECOND GIVEN	SECOND GIVEN NAME			
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FORE	EIGN COUNTRY	COUNTRY OF CI	COUNTRY OF CITIZENSHIP			
6 BUSINESS ADDRESS ADDRESS				CITY		STATE & ZIP COL	STATE & ZIP CODE (COUNTRY)			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. SIGNATURE OF INVENTOR 201 SIGNATURE OF INVENTOR 202 SIGNATURE OF INVENTOR 202										
OV/ 10/20/ Judans			Morkage moul 10			Nallah	Naltha			
DATE DAZ			DATE	9/19/	03	9-22-03				
SIGNATURE OF INVENTOR 204			SIGNATUR	E OF INVENTOR 20	5	SIGNATURE OF INVENTOR 206				

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